Senior Citizens' Secretariat
Newsletter

VOLUME 108 JUNE 2004

Welcome Murray Covert

New President of the Federation of Senior Citizens and Pensioners of Nova Scotia

Murray grew up in Paradise, Annapolis County, attended school in Bridgetown, and became active in community groups at a very young age. He was involved in various church groups, Army Cadets, and Scouts as a member and leader.

Murray worked at a few different jobs, becoming a regional service manager for a propane gas company at a relatively young age. He started working as a research technician for Agriculture Canada in the early sixties and continued that position for thirty one years.

He was a member of the West Nova Scotia Regiment for thirty nine years, holding almost every position in the regiment at some time. Most of the time with the militia was in an administrative position, as adjutant, company commander, training officer or deputy commander of the unit. He also spent some time on call-out at the Area Headquarters in Halifax and as DCO for the 1st Field Regiment, Artillery in Halifax.

In his spare time Murray was on the executive of various community organizations, including the Sheffield Mills Community Association (secretary, president) Eagle Watch (Chair), Kings County Wildlife Association (secretary, president), Nova Scotia Wildlife Federation (president) Canadian Wildlife Federation (director), Annapolis Field Naturalists, Clementsport Br #122 Royal Canadian Legion (president), Nova Scotia Army Cadet League (director), Bowater's Forestry Advisory Committee (member), Clementsport Good Neighbour Club (president), and the Annapolis County Seniors Council, (president and zone director). He has been active at the Provincial Seniors Federation for six years, and acted as a council delegate at the National Federation of Seniors and Pensioners.

In his retirement years, Murray helps a local senior woodlot and mill owner, was gardener at the Upper Clements park for two years, helped with some projects at Kedji Park, guided some canoe trips, and enjoyed many camping trips across the Country.

Murray and his wife Alta reside in the Annapolis Royal area. Their five children are working in various places across North America.

Increased Funding

The budget of the Senior Citizens' Secretariat has been increased by $150,000.00. This will fund the Task Force on Aging which was outlined in the *Blueprint for Building a Better Nova Scotia*. The Task Force will help formulate recommendations on the future heath and social programming needs of seniors. It will also promote a broader and more comprehensive

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understanding of seniors issues and encourage increased collaboration and multi-sectoral perspective needed to plan and develop public policies, programs and services required to address seniors issues, to today and in the future.

A number of other projects are also planned.

Steps will also be taken to strengthen community-based peer support and volunteer networks for seniors. This new initiative will facilitate the active involvement of seniors in society and enable seniors to continue using the skills and abilities they have developed over the years.

Efforts to improve protection for vulnerable seniors in our communities will also be undertaken. The Secretariat is actively supporting this extremely important matter through its *Elder Abuse Awareness and Prevention Strategy*.

Beyond these important Secretariat-led initiatives, the government is investing in other programs that will benefit seniors. Effective January 1st, 2005, two full years ahead of schedule, the province will pay the full cost of health care in nursing homes.

In partnership with the Office of Health Promotion the Secretariat will encourage healthy living among seniors and support the *Nova Scotia 55 Plus Games Society*. This society will promote the participation of Nova Scotia seniors in recreational, sporting, cultural, educational and creative opportunities. It will also coordinate the *Nova Scotia 55 Plus Games*.

Valerie White, Executive Director
Senior Citizens' Secretariat

"If you watch a game, it's fun.
If you play it, it's recreation.
If you work at it, it's golf."

– Bob Hope

Secretariat Newsletter

The Secretariat Newsletter is published four times a year by the Senior Citizens' Secretariat and distributed free of charge. We welcome letters, articles, and items of interest from you. Please include your name, address, and telephone number on all correspondence.

The Senior Citizens' Secretariat was established in 1980 to facilitate the planning and development of services and programs for seniors by coordinating plans, policies, and programs presented by the departments of the provincial government. The Secretariat serves as a one-door entry to government for seniors, seniors' groups, and other provincial bodies concerned with ageing issues. The Secretariat develops plans, policies, and programs in partnership with other levels of government and agencies responsible for seniors.

The Secretariat's office is located at 1740 Granville Street, 4th floor, P.O. Box 2065, Halifax, NS B3J 2Z1. Tel (902) 424-0065; fax (902) 424-0561; toll-free 1-800-670-0065.
E-mail scs@gov.ns.ca
Website www.gov.ns.ca/scs

Investing in Fall Prevention for Seniors Office of Health Promotion May 18, 2004

The province is investing $300,000 over three years to prevent falls among seniors, Health Promotion Minister Rodney MacDonald announced today, May 18. Falls are the leading cause of injury among seniors.

"This is a serious health issue and we're putting resources in place to decrease the rates of falls," said Mr. MacDonald. "This government is committed to improving the health of Nova Scotians and injury prevention plays a big part in that."

Prevention of falls is a priority area of the province's Injury Prevention Strategy. Each year one in three people over the age of 65 will experience a fall. Of these, one in five will result in a fracture. The investment is going into Preventing Falls Together, a project of Community Links. Community Links is a charitable association that helps rural seniors and volunteers share effective ways of meeting the needs and priorities of older Nova Scotians while promoting healthy communities.

"This funding allows us to continue our efforts to prevent falls among seniors," said Sandra Murphy, provincial co-ordinator with Community Links. "We're able to build capacity and make this a sustainable project so we can continue to build on the strengths of rural communities and the experience of volunteers who serve seniors."

Preventing falls is one of three priority areas of the provincial strategy, along with prevention of motor vehicle crashes and self-inflicted injury. The strategy was developed in the fall of 2003 by stakeholders at the request of the Office of Health Promotion. The strategy received a $350,000 investment this year.

"This is a growth year as we build a foundation for the strategy," said Julian Young, co-ordinator of injury prevention and control at the Office of Health Promotion. "Simply having this strategy in place is a huge step in the right direction. We're the only province in Canada with a provincially-funded injury prevention strategy."

The Injury Prevention Strategy is on the Health Promotion website at <www.gov.ns.ca/ohp/injuryprevention.html> .

Elder Abuse Prevention Strategy

An Elder Abuse Prevention Strategy will be undertaken by the Senior Citizens' Secretariat this year. The issue is articulated in the enclosed material and we share this with you as a first step.

Like many social problems once considered taboo, abuse of older adults is sustained by secrecy and complacency.

Not until drunk driving, spousal violence and child abuse were 'out of the closet' did Canadians start to make significant strides in curbing these harmful behaviours. Talking about them openly was often the first step towards individual and community action to make them socially unacceptable. Now is the time to do the same for abuse of older persons.

Abuse can happen to any senior. Abused older persons come from all social and ethnic backgrounds, all educational levels and all regions of the country. The impact can be devastating: declining physical and mental health, depression and even suicide, creating ripple effects throughout the community.

There's much to learn about the abuse and neglect of seniors: how often it happens, why it's not reported, and the role of factors such as gender, dependency and disability.

Awareness is the first step: knowledge helps seniors retain control over their lives, reducing the risk of abuse. Seniors need to know their

rights. Seniors and caregivers in both home and institutional settings need to know about prevention and intervention strategies. And community resources need to be in place to support these strategies.

We call upon you to assist in this worthwhile effort. Brochures for distribution and / or display can be provided by calling 1(800)-670-0065 or should you have any concerns you should call 1(800)-225-7225, the Adult Protection Services of the Department of Health.

Sincerely,

Valerie White
Executive Director
Senior Citizens' Secretariat

And They Lived Happily Ever After... rights and responsibilities of common law partners

And They Lived Happily Ever After...rights and responsibilities of common law partners provides easy-to-understand information about Nova Scotians' legal rights and responsibilities. This publication is for Nova Scotians of all ages who live common law.

The Nova Scotia Advisory Council on the Status of Women, the Legal Information Society of Nova Scotia and the Nova Scotia Senior Citizens' Secretariat have received many questions about the implications of living common law. This resource answers many of those questions and encourages readers to address legal issues arising from their relationship before problems arise.

We want to help people who choose to live common law understand their rights and responsibilities. Then, should relationships end, partners will be better prepared to settle matters—for example, property, taxation, estate planning, child support—in a fair and amicable mannerWhile many common-law relationships are a "gateway to marriage", many are not and eventually come to an end. Therefore, it is important that partners talk to each other about their expectations and know the Nova Scotia laws.

Over the past decades families and intimate relationships have changed dramatically. More people are choosing to live common law rather than get married. When Statistics Canada conducted the 2001 Census, almost 25,000 people in Halifax were living common law.

Statistics Canada says that younger women are more likely to choose to live common law for their first union than to marry. In Nova Scotia, 14 per cent of women between the ages of 20 and 39, six per cent between 40 and 64 and one per cent of women 65 and older were living common law when the Census was conducted.

The Census also provided valuable information about the prevalence of common law relationships among seniors. In Nova Scotia, 1,600 seniors reported living in common law relationships. Seniors are one of the fastest-growing populations in Canada, and the number of common law relationships among them will certainly increase.

Statistics gathered in the 2001 census included information about same-sex couples for the first time. It found that 856 same-sex couples were living common law in Nova Scotia. Same-sex couples living common law account for 0.5 per cent of couples in the country.

The Nova Scotia Advisory Council on the Status of Women, the Legal Information Society of Nova Scotia and the Senior Citizens' Secretariat commissioned *And They Lived Happily Ever After... rights and responsibilities of common law partners*. The publication is also available in French.

The book will be available at the offices of the three partnering organizations as well as at public libraries across the province. It can also be downloaded from the websites of the three sponsoring agencies, at www.gov.ns.ca/staw/, www.gov.ns.ca/scs, and www.legalinfor.org.

The team involved.

The Nova Scotia International Tattoo

As the world's largest annual indoor military and civilian extravaganza, The Nova Scotia International Tattoo has been entertaining audiences for more than 25 years.

Each year more than 60,000 people come from all over the world to experience massed bands, pipes and drums, displays by the Royal Canadian Mounted Police and the military, dancers, choirs, acrobats, comedians and much more.

This year promises to have the largest cast ever, with more than 2000 performers from Canada, Australia, France, Germany, The Netherlands, Russia, Switzerland and the United Kingdom.

In addition to the annual "Bond of Friendship" theme, this year's sub-themes will feature a salute to France to commemorate the 400th anniversary of the founding of L'Acadie and a tribute to the 90th anniversary of the commencement of WWI.

You can see this action packed show this summer at the Halifax Metro Centre from June 29 to July 7.

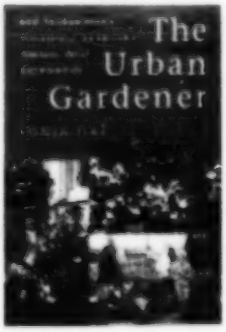
Centre for Addiction and Mental Health

The Centre for Addiction and Mental Health has produced a catalogue where you will find practical, research-based resources—grounded in client-centred harm reduction and health promotion—in the areas of substance use and addiction, mental health, concurrent disorders, trauma, policy and research, clinical tools, and public education. Whatever topic, resources all share one key feature: a foundation of solid research and evaluation, giving the person confidence that no better information is available in the field.

To order:
Tel: 1-800-661-1111 or in
Toronto call 416-595-6059
Fax: 416-593-4694
E-mail: marketing@camh.net
Website: www.camh.net/resources

Books

The Urban Gardener
How to grow things successfully on balconies, terraces, decks and rooftops



It's the hottest gardening trend—creative gardening in pots and planters. This book tells you how, what and where to plant. Included are tips on where to buy plants when you don't have a car, how to haul soil up the elevator and what to do with your garden when you're on vacation. Sprinkled throughout are useful "Hot Tips." Happy growing! *The Urban Gardner* by Sonia Day, published by Key Porter Books, 2003. Soft cover, 144 pages. $19.95

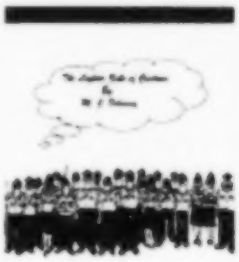
The Organic Home Garden
How to grow vegetables & fruits naturally

"Feed the soil, not the plants" is a tenet of organic gardening, writes author Patrick Lima. First you need to figure out what kind of soil you have, then learn how to feed it. He says the best food for the soil is natural fertilizers and compost (including coffee grounds and newsprint). Included are step-by-step tips on growing specific vegetables and fruit and advice on insect control. The chapters follow the growing seasons and include excellent calendars for spring and summer seeding and transplant schedules. The book draws on the experiences of the author and his partner, John Scanlan, who took the inspiring photographs of their garden, Larkwhistle, north of Toronto.

The Organic Home Garden by Patrick Lima, published by Key Porter Books, 2003. Soft cover, 160 pages. $24.95

The Lighter Side of Customs

"I declare, this is quite funny!"

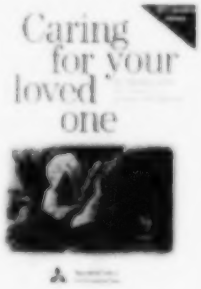


"Do you have anything you want to declare, dear?" the Customs official asked an elderly lady."I didn't *WANT* to declare anything, so I just said no," she told her daughter later. Lose your ID on vacation? Well, maybe you'll be lucky, like the man returning from Mexico, who was asked: "What's the number for Pizza Pizza?" He knew the answer, so, the Customs officer let him through.

These are just two of the personal stories sent to the author, a retired Customs officer, who says, "The book helps make Customs seem somewhat less ominous." If you have a story to tell (and who doesn't), contact M.J. Delaney. She won't print your name, so they can't catch you!

The Lighter Side of Customs by M.J. Delaney, published by Trafford Publishing, 2002. Soft cover, 47 pages. $12.95 (To order: call 1-888-232-4444 or visit www.trafford.com or write to The Lighter Side of Customs, Box 200083, Halifax, N.S., B3R 2K9)

Caring for Your Loved One
An education guide for caregivers of persons with dementia



Focus on the person, not their dementia, write the authors, both occupational therapists. "It's important to relate to your loved one as a person who, despite the illness, has something to share with the world."

How you go about doing that is detailed in this book. It's easy to read (big print) and understand. It has helpful hints and charts. Topics include: understanding the stages of dementia, eating, dressing and grooming, incontinence, sex and intimacy, safety and more. The final chapter offers advice for your on caring for yourself, the caregiver. The book comes with a resource guide for Ontario.

Caring for Your Loved One, compiled and edited by Bianca Stern and Nira Rittenberg, published by Baycrest Centre for Geriatric Care, 2003. Soft cover, 152 pages. $26 (To order: call Baycrest Centre, (416) 785-2500, ext. 2424 or visit <www.baycrest.org>)

Source: Liz Grogan
Good Times, April 2004

Hanging Up on Telephone Fraud

Tips on Avoiding Telephone Fraud

By Catherine Rondina

1. If the offer sounds to good to be true, it probably is. Stay clear of any deal that arrives out of the blue and promises the moon.
2. Be wary of investing with a stranger over the telephone. A legitimate investor should make personal contact with you at some point during your business relationship.
3. Don't give in to high-pressure sales tactics. If the caller is pressuring you, don't be forced into something you're not sure of.
4. Never give your bank account, credit card or Social Insurance numbers over the phone to an unfamiliar company.
5. Be cautious. Remember: legitimate telemarketers have nothing to hide. Ask the phone solicitor to give you the name, address and telephone number of the company he works for.

Warning signs that someone you know is being targeted:

- A marked increase in the amount of mail, with too-good-to-be-true offers.
- Frequent calls offering get-rich-quick schemes or valuable awards, or numerous calls for donations to unfamiliar charities.
- A sudden inability to pay regular bills.
- Requests for loans or cash.
- Banking records that show cheques or withdrawals made to unfamiliar companies.
- Secretive behaviour regarding phone calls.
- Withdrawal from normal social activities or a change in regular routines.

Prevention

When it comes to preventing telephone fraud, Det. Staff Sgt. Barry Elliott, of the Ontario Provincial Police, says people can take a proactive approach to stopping this type of crime. He suggests that elderly citizens try to screen their calls. "Get an answering machine or voice mail, and let the calls go to your machine." PhoneBusters advises seniors to install a phone with "call display" features, so you can see who is calling before you answer. If you do get a telemarketing call, Elliot recommends asking as many questions as possible and not making any commitments until you've had some time to think about the solicitation and what it involves.

It's important for consumers to be aware of how some of these scams play out. The following list outlines how the more popular scams work:

HOW TO SPOT A SCAM

Prize Pitch: This is one of the most common scams. Consumers are told they have won a prize, usually cash or a vehicle. The caller says that in order to claim your winnings, you must first pay the taxes on your win. "Remember" Elliott warns, "in a legitimate contest, you don't have to pay anything to collect your prize."

Recovery Pitch: If you fall victim to the Prize Pitch scam, you are likely to be called again by someone promising to recover your money. These schemers claim to be someone of authority—the police or a lawyer—who is going to help get your money back. "Don't believe them," warns Elliott. "Don't fall prey to this common practice."

Advance-Fee Loans: Some companies claim they can guarantee you a loan even if you have a bad or non-existent credit rating. They usually request a fee up-front, promising to get you the money you need. Once you send in your money, both it and the caller disappear. Elliott reminds us, "If you can't get a loan through traditional lending institutions, then you can t get a loan anywhere."

Travel Scams: Simply by filling out a ballot to win a vacation, your name may be put on a "suckers" list. Shortly after filling out the ballot, you'll be contacted by phone by someone claiming you've won. They may tell you that in order to hold the vacation prize for you, they need your credit card number or other personal information. Never give out bank account or PIN numbers, and only reveal a credit card number when ordering merchandise from a reputable

company. "Don't let anyone pressure you into committing to any agreement over the phone, cautions Elliott.

Fraudulent Charities: While many charitable causes are worthy of your support, some requests for donations may not be legitimate. Be cautious about charitable organizations you've never heard of. Elliott suggests that you ask the caller to mail a request or call back in several days. "This way you can check out the charity and satisfy any concerns you might have." Ask for the organization's charitable registration number, then call Revenue Canada at 1-800-267-2384 to find out how long the charity has been in operation and the amount actually spent on charitable activities.

SeniorBusters

With seniors being a high-risk group for this type of crime, PhoneBusters initiated a special department, SeniorBusters, in 1997 to help victims over 60. SeniorBusters currently consists of 70 volunteer members whose main objective is to educate and support victims. These volunteers not only assist staff at the call centre, they contact family members, speak with local police agencies, elder abuse committees, and help educate potential victims.

Marcel Lefebvre, 55, of North Bay, Ont., has been volunteering with the organization for over two years and finds it very rewarding. A retired school teacher, he trained with the staff at PhoneBusters for about a month before he began talking with victims.

"I work with the trained technicians who take the initial calls," says Lefebvre, whose wife Susan is also a volunteer. "They decide who needs to get a "call back" and that's where we volunteers come in." He spends most of his time talking with seniors who've been victimized and now need positive reinforcement. "I talk with the seniors about our organization, about how these scams work and what to look out for." says Lefebvre, who says the greatest reward is knowing he's stopped a crime from taking place.

One gentleman Lefebvre spoke with recently was about to send off a cheque for $4,000 for what he thought were court fees. "This particular victim had already been taken advantage of and was falling prey to another scam." Lefebvre immediately realized the man was about to become a victim of a Recovery Pitch. "He had been told that the person calling was from a lawyer's office and that they were working on a classification suit against the company he had sent money to earlier. If he wanted to get his money back, all he had to do was pay the court fees."

Lefebvre managed to stop the man from being victimized a second time. "It's wonderful when you can get money back for someone," he says, "but it's great when you know that you've broken the cycle." To help educate others, he tries to get victims to share their experiences and encourages them to talk with their friends about what happened.

Education is Key

Educating the public seems to be working. Det. Staff Sgt. Elliott points to statistics indicating that Canada's fraud statistics are plummeting. "The key to our success here at home is, we've been able to educate our population to be more aware of telemarketing fraud."

Many of the people PhoneBusters now assists are victims outside Canada. "We're one of the reasons that telemarketers have gone international," chuckles Elliott. He feels that education is the key to stopping telephone fraud. "When we started all this back in 1993, education was the furthest thing from my mind," he says. "I was more concerned about prosecution and arrest. But finally it hit me: If you educate the consumer—no matter how fast the criminal moves—you don't have a crime."

Source: Good Times, *January 2004*
Condensed

Say that Again?

By Wendy Haaf

A third of people over 55 and half of those over 75 have hearing problems. But most of them pretend nothing is wrong - and miss out on the benefits of a hearing aid. Are you one of them?

It's safe to say that as we age, we don't hear as well as we used to. This gradual deterioration of hearing–known as presbycusis–is part of the aging process, like the decline in vision that signals the need for reading glasses. Over the years, delicate sensory cells in the ear become permanently damaged. But that's no reason to isolate yourself from the world.

Hearing devices are now more discreet and effective than ever, and the appropriate one may boost your quality of life, whatever your age. Of course, a hearing aid takes a little time to get used to, but once you've adapted, you'll never want to go without it! Being able to hear well lets you communicate with the people around you and stay in touch with the world.

Perhaps you resist wearing a hearing aid because you think it will make you look old, but constantly asking people to repeat themselves makes you seem even older!

Do you believe you can still hear well? Wonderful! But your hearing may have deteriorated so slowly that you've simply adapted. Without realizing it, you maybe cranking up the volume of the radio and TV, asking people to repeat what they said, and making sure when you talk to someone, you're face-to face. You maybe compensating well, but you probably have a hearing problem. To find out, take this quick hearing test.

People ask you to lower your voice, or complain that you're talking too loud.

Often Sometimes Never

You favor one ear: you hold the phone to it and lean in with this ear when someone speaks softly to you.

Often Sometimes Never

You often ask people to repeat what they said. You hear them, but don't understand what the'yre saying.

Often Sometimes Never

You turn up the sound on the TV or radio to hear better, and family and friends complain that it's too loud.

Often Sometimes Never

You have trouble understanding when several people are carrying on a conversation or talking at the same time.

Often Sometimes Never

You don't enjoy meetings and large groups, and get tired of having to apologize and ask for clarification of what was said.

Often Sometimes Never

You miss some of the conversation when there's a lot of background noise.

Often Sometimes Never

You misinterpret questions, misunderstand conversations and don't get jokes.

Often Sometimes Never

You have the impression people are mumbling, speaking too softly or talking too fast.

Often Sometimes Never

You prefer to face people you are speaking with, and can't hear them when you can't see their face.

Often Sometimes Never

You are annoyed when someone says something from another room because you can't quite hear it.

Often Sometimes Never

People often point out sounds you didn't catch, like a phone ringing, a dog barking, a car driving by or someone walking on gravel.

Often Sometimes Never

You don't always hear the doorbell or phone, and people get annoyed that you didn't answer.

Often Sometimes Never

You refuse invitations and avoid social situations for fear of being bothered by the noise and not understanding the conversations.

Often Sometimes Never

You feel like your ears are blocked or hear only muffled sounds.

Often Sometimes Never

Results:

If You Answered Most Questions:

Often: You would benefit from a hearing aid. Consult an ear, nose and throat specialist or ask your physician to refer you to an audiologist, who will test your hearing and offer solutions. You could also contact a hearing aid specialist to assess the quality of your hearing and advise you on ways to correct your hearing deficiency.

Sometimes: You probably have a hearing problem. See an audiologist or a hearing aid specialist.

Never: Although your hearing seems fine, it's still a good idea to get it tested. Specialists recommend regular testing after age 50, sooner for people who work in noisy environments. With early screening, you can avoid problems later on.

Test Your Knowledge About Hearing Aids

Answer the following guestions, True or False

A person with hearing loss in both ears only needs one hearing aid.

False. "When you get your glasses, do you ask your optician if you can get away with one monocle?" asks Patti Hinton, an audiologist at Parkwood Hospital in London, Ont. Barring contraindications (for example, chronic ear infections or a total hearing loss in one ear), you'll do better with two hearing aids, which can help you determine where sounds are coming from.

Like vision, hearing tends to decline with age.

True. Presbycusis, or age-related hearing loss, affects an estimated 30 to 35 per cent of adults aged 65 to 75, and 40 to 50 per cent of those aged 75-plus. The condition usually most affects a person's ability to hear high-pitched sounds.

If a family member is being assessed for possible Alzheimer's Disease (AD) or another age-related cognitive problem, a hearing test may also be helpful.

True, says Hinton. First of all, hearing loss is sometimes mistaken for dementia because it can prevent someone from understanding and responding appropriately to guestions. And if your loved one does turn out to have early-stage AD as well as a hearing loss, it will be far easier for him to get accustomed to wearing a hearing aid now than when both conditions have progressed.

If you get a hearing aid, you can 'save' it for company or just wear it to special events.

False. This common practice isn't the best strategy for getting the most from your hearing aid, stresses Nicole Lanthier, professional practice leader for audiology at London Health Sciences Centre in London, Ont. Your brain has to learn

how to interpret the input from a hearing aid, and to "tune out" everyday noises, which is much easier to do when you wear your aid consistently. And don't forget that hearing can be an important safety issue, even when you're home alone—so you can hear the smoke alarm or respond to a knock instead of leaving the front door unlocked.

A discreet hearing aid that fits completely in the canal is suit- able for all kinds of hearing loss. False. An outside-the-ear aid is best for people who need a significant amount of power, since the larger devices accommodate bigger, stronger batteries. Even if you could "squeak by" with a smaller aid, opting for a more powerful one will ensure you don't "outgrow" it if your hearing loss progresses, Lanthier says. With proper care, a hearing aid should last about five to six years.

A hearing aid will 'fix' my hearing problem.

False. While these marvellous devices become more sophisticated every year, they can only amplify sounds to make the most of what's left of your hearing. They can't restore your ability to hear certain frequencies if the cells responsible for picking up those particular signals have been destroyed.

Communication classes can improve my ability to cope with a hearing loss, whether or not I end up using a hearing aid.

True. "Getting a hearing aid is the beginning of a process," says Mary Beth Jennings, an audiologist and PhD student in the School of Communication Disorders at the University of Western Ontario (UWO) in London. Using an aid properly takes practice, and low-tech communication strategies go a long way to helping you understand what's being said, no matter how profound your hearing loss. Fatigue, background noise and poor lighting or positioning (for example, trying to hold a conversation standing side by side, or when the hearing- impaired person has to squint into the sun) can interfere with a person's ability to hear and pick up on crucial non-verbal cues.

The Canadian Hearing Society, and some university programs that train audiologists and speech pathologists (such as the one at UWO), offer communication classes for people with hearing loss and their families. Understanding that your spouse isn't ignoring you, but just can't hear over the noise of the dishwasher or when your back is turned, can considerably reduce tension on the home front.

If my audiologist prescribes a hearing aid, it's a good idea to keep a diary. Detailing any problems and benefits I notice from day to day will help her make adjustments, and allow me to get the most from my investment.

True. It may be necessary for the audiologist to tinker with the settings on your hearing aid in the weeks after you begin using it. Recording any specifics (for example: "I hear women's voices better now, but I'm still having trouble with men's voices") will help with the process immeasurably, says Jennings.

If the hearing aid I choose doesn't work for me, I'm stuck with it.

False. In most cases, you're entitled to a refund or exchange within 30 days of purchase. (The hearing aid dispenser may keep a small fee to cover the cost of appointment time, etc.) "If you have questions, concerns or problems, go back and see your audiologist," Lanthier emphasizes.

The telephone can send sound signals directly to a hearing aid, bypassing the microphone and improving sound quality.

True. Many aids that fit on the outer ear have a "telephone switch" so the device can pick up electromagnetic signals directly from the phone. (Because of a difference in microphone location, this feature usually isn't necessary on in-the-canal aids.) Many models can also accommodate a miniature FM receiver that can be used in conjunction with the systems offered by certain churches, theatres and other public venues.

If a person has a hearing loss, using an appropriate aid can help make relationships function more smoothly, improve social participation, and even reduce the odds of developing depression.

True. According to a large study conducted by the (U.S.) National Council on Ageing, 56 per cent of hearing aid users (and 66 per cent of

their family members) reported an improvement in relationships at home, compared with hearing-impaired individuals who weren't using hearing aids. Non-users were also 20 per cent less likely to participate in social activities (25 per cent less likely for those with more severe loss) and a larger percentage suffered from depression.

Someone with significant impairments in vision or manual dexterity won't be able to insert and remove a hearing aid or change the batteries.

False. With all the different options available, your audiologist can help you work around your other physical challenges. For example, many hearing aids now come equipped with remote controls that eliminate the need to adjust tiny buttons.

If you've gained or lost a significant amount of weight since your last hearing aid fitting, you should make a return visit to the audiologist.

True. You may need to have your aid re-cased so it sits in your ear correctly. Otherwise, it can cause an annoying squealing noise.

Top Ten Hearing Aid *Don'ts*

Nicole Lanthier, professional practice leader for audiology at London Health Sciences Centre, offers these practical tips for prolonging the life of your hearing aid batteries:

Don't leave your hearing aid on the night table without putting it into a proper storage container. Not only could Fluffy mistake it for a cat treat or knock it down the heat register (it happens more often than you'd think!), the special 'dry-kit' used to store your hearing aid wicks away moisture, prolonging the life of the electronic components. Leaving the hearing aid door open at night also allows moisture to evaporate.

Don't store your hearing aid in the bathroom. The humidity from the bath and shower can harm the device, not to mention the danger of dropping it down the drain!

Don't 'dry out' your hearing aid in the oven or the microwave if it gets wet.

Don't wash your hearing aid with soap and water. Use the tiny brush and wire loop (these usually come with your hearing aid) to remove wax, hand cream residue, skin flakes, etc.

Don't slip spare hearing aid batteries into your pocket or change purse. Contact with coins and other metal objects drains the power. (A special battery case that fits onto a key chain can protect your batteries while keeping them close at hand.)

Don't take the sticker off the battery until you're preparing to insert it into your hearing aid. poing so shortens the shelf life from one year to about one month.

Don't force the door shut on your battery compartment. If the panel doesn't slip closed easily, the battery is probably upside-down.

Don't leave your hearing aid or hearing aid battery in a hot environment – like your car dashboard in July, or sitting on a radiator.

Don't store hearing aid batteries with medicines. Someone with poor eyesight or a child could swallow it by mistake.

Don't fail to take advantage of any warranty program or low-cost insurance offered by your hearing aid manufacturer. Get your hearing aid checked annually, particularly if the aid has a two-year warranty. Loss and damage insurance will turn out to be a great investment if you accidentally leave your $1,500 hearing aid in a Florida motel room.

Source: Good Times, *November 2003*
Condensed

Nova Scotia Hearing and Speech Centre Locations

April 1, 2002–March 31, 2003

Amherst
18 South Albion Street
(902) 667-1141

Antigonish
St. Martha's Regional Hospital
(902) 867-4197

Bridgewater
South Shore Regional Hospital
(902) 543-4604, ext. 2248

Dartmouth
Nova Scotia Hospital
(902) 464-3084

Digby
Digby General Hospital
245-2501, ext. 265

Evanston
Strait Richmond Hospital
(902) 625-3100 ext. 257

Glace Bay
Glace Bay Healthcare Corp.
(902) 842-2868

Halifax
Halifax Community Clinic
(902) 423- 7354

IWK Health Centre
(902) 470-8049

IWK Health Centre
Newborn Hearing Screening
(902) 470-7146

QEII Health Sciences Centre
NS Rehabilitation Centre
(902) 473-1232

Dickson Building
(902) 473-4349

Halifax Infirmary
(902) 473-1635

Kentville
Valley Regional Hospital
(902) 679-2657 ext.1400

Liverpool
Queens General Hospital
(902) 354-3436 ext. 246

Lower Sackville
Cobequid Multi-Service Centre
(902) 869-6150

Middleton
Soldiers Memorial Hospital
(902) 825-6160 ext. 233

Musquodoboit Harbour
Twin Oaks Memorial Hospital
(902) 889-4117

New Glasgow
Aberdeen Professional Centre
(902) 752- 7600, ext. 2520

Pictou
Sutherland Harris Memorial Hospital
(902) 485-2318, ext. 125

Sheet Harbour
Eastern Shore Memorial Hospital
(902) 885-3628

Shelburne
Roseway Hospital
(902) 875-3011, ext. 269

Springhill
All Saints Hospital
(902) 597-3773

Sydney (Inpatients only)
Cape Breton Regional Hospital
(902) 567-7221 (SLP)
(902) 567- 7220 (A)

Sydney (All other services)
Senator's Place, Glace Bay (Temporarily)
(902) 842-9311

Sydney Mines
Harbour View Hospital
(902) 736-2831, ext. 146

Truro
Colchester Regional Hospital
(902) 893-5512, ext. 5512

Waterville
Kings Regional Rehabilitation Centre
(902) 538-3103, ext. 156

Windsor
Hants Community Hospital
(902) 792-2084

Yarmouth
Western Regional Health Centre
(902) 742-3542, ext. 364

Provincial Centre
5657 Spring Garden Road
Suite 401, Box 120
Halifax, NS B3J 3R4
(902) 423-7357
Website: www.nshsc.ns.ca

Gel May Replace Reading Glasses

Australian scientists have developed a treatment that could eventually make reading glasses look as antiquated as the Model-T Ford. The technique, which involves replacing the eye's natural lens with a soft polymer gel, has yielded promising results in animals, and reseachers are planning to study it in patients having cataract surgery. The biological lens of the eye focuses by changing shape but it becomes less flexible with age, which is why most people require reading glasses by the time they reach their mid to late 40s.

Source: Good Times, *November 2003*

What's New

By Liz Grogan

Senior Moments ... Board Game

"I can't remember when I last played a game like this!"

Here's a fun way to test and improve your memory—with a board game. The Senior Moments game includes hundreds of memory lists, 46 "senior moment" cards, eight lost keycard (I like that one!,) two game booklets, game board, colored markers and die. Price is $44.99.

This is just one of the fabulous gift ideas in the 2003 *Selections* catalogue featuring items form Canada's not-for-profit museums. There's a variety of unique and useful products for all ages: hand-painted ornaments, scarves, jewelry, jackets and vases, specialty foods from maple butter to brew-your-own root beer, Group of Seven reproductions, zany T-shirts and even a maple leaf brooch crafted from pieces of copper from the Centre Block at Parliament Hill.

To order *Selections from Museums of Canada*, call 1-800-221-4443.

Source: Good Times, *November 2003*

Are you afraid you're "Losing It"?

By Liz Grogan
Condensed

Don't worry—you're not alone. Chances are, you're not losing your memory ... you're just not Mentally Fit!

A new book, *Mental Fitness for Life—7 Steps to Healthy Aging* by Dr. Marian Diamond and Dr. Arnold Scheibel, says loss of memory is not automatic and has nothing to do with getting older. It can be prevented by setting goals, learning new things and having a positive attitude.

We expect that as we age, we will lose some of our capabilities. In fact, if you ask anyone—

whatever their age—what they are most afraid of when they get older, they will probably say, "Losing it." And they assume memory will be the first to go.

"The 'it' they fear losing is mental fitness," say Sandra Cusack and Wendy Thompson, Vancouver gerontologists and authors of the book *Mental Fitness For Life, 7 Steps to Healthy Aging*. They disagree that aging and memory loss go hand in hand, and they have evidence to prove it. They're out to change the world's negative attitudes and beliefs about aging and memory loss, and have created a program to keep people mentally fit.

No one remembers everything. And if we do forget something, research says we can learn to remember the things we often forget.

"You don't become more forgetful as you get older." says Sandra Cusack. "In fact, you were probably much more forgetful when you were five."

Research shows that "mental fitness is the key to healthy and productive aging." The authors believe "we can actually improve our mental function and our memory to the end of life!"

In 1995, they conducted a 10-month research project at Century House, a 2,100-member seniors centre in New Westminster, B.C. They concluded that "mental fitness is vital to healthy aging and it encompasses a number of skills that can be developed."

In 1996, these "skills" became the basis for their "Mental Fitness For Life" course. In a series of eight intense all-day workshops, students aged 63 to 83 learned how their attitudes and beliefs about declining mental abilities prevented them from believing they could have a vital old age. Cusack says, "They all experienced improved memory, believed it is possible to grow, to take risks, think critically and develop more positive attitudes." Thompson says, "Six years later, these folks are more vital and active than ever before. They can see it in their eyes. They have more vitality and confidence, they're walking straighter, they know who they are and who they can become in the future."

Steps to Mental Fitness

So how do we become mentally fit and stay fit? Well, just as we need to exercise to keep physically fit, we also need to exercise our minds to become mentally fit. Based on their research and seven years of working with hundreds of adults over 50, Thompson and Cusack have created what they call "The 7 Steps to Healthy Aging."

The steps are:

- Goal setting – finding your purpose and passion in life;
- Power thinking – "Out with the old beliefs and in with the new." Challenge your fears and negative assumptions about aging and replace them with positive ones;
- Creative thinking – Old age does not mean the end of creativity and creativity isn't restricted to artistic expression;
- Positive mental attitude – Learn to put a favorable spin on everything and expect the best.
- Memory and learning – "If you can't remember something, you probably never learned it. Your memory is not getting worse—you just have too much information stored in your brain";
- Speaking your mind – You can do it!; and
- Staying mentally fit for life – pulling your personal program together.

The three steps or strategies most compelling are:

- Setting goals, because goals lay the foundation for our purpose and passion in life;
- Having a positive mental attitude, because it gives us hope; and
- The power of learning, because it can make such a difference in improving our memory.

Booster shots from the authors:

- Self-talk: Look for good in every situation. Control negative thoughts.
- Positive visualization: See yourself as the person you want to be.

- Surround yourself with positive people.
- Learn every day: Read, write, learn to tell a joke, sign up for a music or language class.
- Play games – they're good for your health. Bridge improves the immune system!
- Do quizzes, puzzles and word games. Give your brain a workout.
- Spend time in nature – it will rejuvenate your spirit.
- Beware of stress – stress is poison to the body and brain. Relax, play, sleep.

When you make a commitment to yourself to become mentally fit for life, practice it every day and believe that anything is possible. Only then, say Cusack and Thompson, will you become "happier and healthier ... the kind of person you would like to spend the rest of our life with!"

Source: Good Times, *November 2003*

Knowledge is the Best Medicine

Nova Scotia Senior Citizens' Secretariat

Researchers at Dalhousie University recently estimated the annual cost of preventable medication-related health problems in Canadian seniors to be $10.9 billion. Medications, when prescribed and used appropriately, can be highly effective in the treatment of many diseases and indeed be life saving. Prescribed or used incorrectly, however, medications can lead to serious negative health effects. Many seniors are at a higher risk of medication error because they must juggle many prescriptions and they often have to see more than one doctor, such as their family doctor and one or more specialists.

One way to address this problem involves increasing the senior's participation in their own care by improving their medication awareness. The Senior Citizens' Secretariat's Medication Awareness Committee was concerned about the lack of knowledge that seniors have about the drugs they are taking and so in 2003 facilitated a unique partnership between the Nova Scotia Department of Health, Canada's Research Based Pharmaceutical Companies (Rx&D), and the Senior Citizens' Secretariat.

Through this partnership, each month over 600 Nova Scotians will receive a *Medication Record* book and *Knowledge is the Best Medicine* brochure as they turn 65. The *Knowledge is the Best Medicine* Program and Medication Record book were developed by Rx&D in collaboration with healthcare professionals from across the country. The brochure and record book are generously provided free of charge by Rx&D.

The *Medication Record* book has been designed to provide seniors with a compact, convenient tool to keep a record of important health and medication informationBy carrying the Medication Record book at all times, seniors will have an accurate summary of their medications and conditions to give to any healthcare professional they may be seeing.

The *Knowledge is the Best Medicine* brochure that accompanies the Medication Record book provides individuals with helpful, readable tips to: 1) enhance their basic knowledge of medications; 2) help them identify information they should seek from their health care providers; and 3) understand the things they can do to maintain or improve their health.

Seniors are encouraged to carry the *Medication Record* book with them at all times, so they can show it to their doctor at each visit. This will allow the doctor to identify drug interactions or side effects that might cause health problems. It will also help the patient ask questions of their doctor about the medications they are taking. The record book and brochure will also encourage more communication between seniors and their pharmacists. Keeping the *Medication Record* book up to date and taking it with you to all medical related appointments, is essential. You can keep track of your own prescription or non-prescription drugs or ask your pharmacist to update the book each time you buy a new medicine.

The *Knowledge is Best Medicine* brochure and *Medication Record* book are being distributed by the Department of Health to Nova Scotians two

months before their 65th birthday. More than 7,000 seniors will receive the record book and brochure each year.

Folks who have already turned 65, or who will not be turning 65 anytime soon but would like to receive the Medication Record book and brochure, can call Rx&D's order line toll-free at 1-800-363-0203 or visit their web site <www.canadapharma.org>.

For more information about this Nova Scotia initiative and other projects of the Nova Scotia Senior Citizens' Secretariat, please call toll free at 1-880-670-0065.

Atlantic Seniors Health Promotion Network

Marie-Corinne Bourque of Saint-André-LaBlanc (near Cap-Pelé) NB was recently elected chair of the Atlantic Seniors Health Promotion Network (ASHPN) Board, at its 2004 annual meeting in Halifax. The Network is an Atlantic-wide link among organizations and individuals, which are concerned about issues relating to seniors. Madame Bourque is well known in seniors' circles for her long-term dedication and effectiveness at addressing social and economic issues affecting seniors. She succeeds Ian MacDonald of Charlottetown

The mission of ASHPN is to facilitate the exchange of information among the many organizations involved. Through effective networking, individuals and group can positively influence the many factors, which determine the health and quality of life of present and future older persons in the region. "By working on projects with seniors' groups and key decision-makers in our region, we can develop long-range action plans and policy recommendations that will support a healthy aging population" said Bourque. In addition to projects, ASHPN, with the support of the Community Health Promotion Network Atlantic (CHPNA), has developed a website (www.ashpn.ca) to enhance communication and collaboration with seniors and other community organizations in the Atlantic region and throughout Canada.

During the past year, the ASHPN Board focused its attention on the issue of housing as a major concern. Housing is generally seen as being fundamental to the quality of life in our society. It is seen as more than shelter or a mere commodity. The housing environment becomes increasingly important with age, because it largely determines the extent to which older persons will maintain their independence. The overall purpose of the project was to strengthen the capacity of ASHPN to influence the development of housing policies and programs, which will promote personal well being and healthy social and physical environments. Efforts will be deployed over the next year to complete and diffuse the results of the project in order to improve the housing situation for seniors in the region.

All four Atlantic Provinces are involved in ASHPN which is affiliated to the Community Health Promotion Network Atlantic (CHPNA). There are three members from each participating province on the ASHPN Board and these have links with many seniors' organizations such as the Senior's Resource Centre of Newfoundland and Labrador, the Newfoundland and Labrador Pensioners and Senior Citizens; the New Brunswick Senior Citizens Federation, the Université du troisième âge, Aîné-e-s en Marche/Go Ahead Seniors, the Third Age Centre (Fredericton) in NB, the PEI Senior Citizens Federation, the Canadian Pensioners Concerned and the Community Links of NS, the Gerontology Associations of NS and PEI, and the National Advisory Council on Aging.

For more information, please contact:
(506) 577-2271

Air Pollution and Seniors

If you are a senior, air pollution could have a negative impact on your health.

This is because seniors are more likely than othr adults to have health problems such as heart and lung disease.

You can better protect yourself when you know that air pollution affects your health.

Effects on Your Health

Air pollution can:

- irritate your respiratory system, causing inflammation of the lungs;
- reduce your lung function, making it harder to breathe;
- aggravate asthma and Chronic Obstructive Pulmonary Disease (COPD); and
- result in a hospital admission, increased medication use, or, in especially sensitive people, even death.

Negative Health Effects Increase as Air Pollution Worsens

Sources of Air Pollution

Sources of outdoor pollution include motor vehicles, industrial activity and thermoelectric power generation.

Air pollution includes ground-level ozone and fine airborne particles, as well as carbon monoxide, nitrogen oxides and sulphur oxides. This mix of substance is often called smog, which occurs usually during the summer.

Air pollution has no boundaries. You can be exposed in either urban or rural environments. And it also occurs in the winter.

Sources of indoor air pollution include second-hand tobacco smoke, chemicals from cleaning products, molds from humidity and wood-burning stoves.

What You Can Do to Protect Yourself

- Listen to radio or television weather reports or read your local newspaper for information about air quality and media smog advisories.
- Plan your day based on this information, and reschedule strenuous activities if poor air quality is forecast. Arrange to have someone do necessary errands on smoggy days.
- An indoor environment filled with tobacco or wood smoke, or chemicals from cleaning products and molds from humidity, can also have a negative impact on your health.
- If you smoke, quit.
- Fix or arrange to have fixed poor ventilation, damp rooms and water leaks.
- Ensure proper ventilation and handling when cooking, cleaning or using chemical products.
- Consult your health care provider if you have concerns about the effects of air pollution on your health.

Air pollution levels are often high on hot summer days. This combination of heat and air pollution can be more dangerous than either air pollution or heat alone. Remember to drink lots of water unless advised otherwise by your physician.

Seniors Can Help Reduce Air Pollution

Seniors can play an important role in reducing air pollution by:

- Driving less
- Walking
- Using public transport where possible
- Car pooling

There are many other things you can do to reduce air pollution.

Visit Health Canada's Health and Air Quality website at <www.hc-sc.gc.ca/air> or call 613-957-1876 to learn more about how air pollution affects you and what you can do to help reduce it.

For information on how to control indoor air pollution, please contact the Canada Mortgage and Housing Corporation at <www.cmhc-schl.gc.ca> or 1-800-668-2642.

Source: Health Canada Bulletin

Take a Hike!

NS Trails a registered charity formed in 1988 is an umbrella group representing a wide range to trail users and trail builders. We works for the establishment of trails, pathways, corridors and greenways to improve the quality of life and the environment in general.

NS Trails promotes active living to all age groups, and we believe it is never too late to out enjoy a nice walk. With the weather finally improving many are doing just that, getting away from the Mall Walks and back outside. Trails are a safe and popular way of getting a bit of exercise and recreation.

Trails improve our health and quality of life by giving us a place to maintain an active lifestyle. They also help us preserve green spaces, educate, protect and promote the wildlife and wilderness areas while providing managed public access. The arts, culture and history of a community or region also benefit from being highlighted on trails. There are many forms of recreation available on trails. Whether it be taking the grand kids for a nature walk, strolling with a special friend, jogging or running with a group, or jumping on the bike there are many ways to enjoy active living on trails in your community. Trails , whether urban or rural, may provide an alternative mode of transportation, a safe pathway to a school may also provide a safe route to the local store.

NS Trails–Take Trails to HEART motto encompasses these themes, the letters in the word HEART stand for Health, Environment, Arts, Recreation, and Transportation.

With so many Canadians overweight these days it is important to keep active or start being active again, no matter what your age. Active healthy living can start now. Walking is a great way to do just that. Consult with your doctor first, but it is a rare patient indeed that couldn't benefit from getting some form of excercise. Take a Hike may be just what the Doctor prescribes.

Taking to the trails is relaxing and will lower the blood pressure, diabetics need to walk to help keep their blood sugars down and keep blood circulating, walking will help burn those calories and perhaps shed a few pounds.

So, as the weather improves we know we will be seeing more of you out on the trails. Just a word of caution though. Hurricane Juan has left several parks and trails closed, as the repairs continue or volunteers wait to get started. We encourage everyone to respect the closure signs and keep safely away from work that is underway or trail structures that are unsafe.

NS Trails provides or supports the Trans Canada Trail in Nova Scotia, Trail Patrol, International Trails Day, Trail Construction Manual, Event Organizer Manual, an Insurance Program for Trail Builders, Metre Sales Program, Fundraising and Charitable Benefits, Membership, and a quarterly Newsletter. For more information you can find us on the web at <www.novascotiatrails.com>, email: nstrails@sportnovascotia.ca, or traditional post 5516 Spring Garden Road, 4th Floor, Halifax, Nova Scotia, B3J 3G6 and phone 902-425-5450, ext 325.

Planning Intergenerational Programs

Edited Version

Planning Intergenerational Programs
University of North Texas

Successful intergenerational programs require considerable thought and planning if they are to be a success. Organizers of intergenerational programs will increase the success of activities when the following is considered.

Clearly define objectives.

Intergenerational activities should support curricular goals. "Getting the generations together" is not a sufficient reason for organizers to promote intergenerational activities. There must be purposeful interaction that addresses specific objectives. When intergenerational programs do not have clear goals, younger people and older adults are less likely to know what is expected of them. If an intergenerational program is not perceived as being purposeful by all participants, younger and older persons may question the experience. All participants need to know the purpose, process and timing of activities.

Present a balanced view of older adults.

Portraying older people as wise sages living in a glamorous, romanticized period is as much a disservice as emphasizing the negative stereotypes of older adults as being poor, frail and helpless. Programs and activities should allow as much exposure as possible to a variety of older people. If intergenerational exposure must be limited, programs that use well-aged groups of older adults are preferable, because they serve as models for successful aging. They are also more representative of the over-60 population. Successful programs with frail or disabled persons can be accomplished with proper attention to details, and emphasis on the positive—even in difficult circumstances.

Consider the needs of both groups.

In addition to specific objectives, programs must consider the special abilities and interests of both younger and older participants. This will influence the length of time and kinds of activities that will hold both of their interest levels. The more successful intergenerational programs match the needs of both age groups.

Review effective communication skills.

Acquaint the younger participants with listening and speaking skills that are helpful in communicating with older adults who may experience a hearing or vision loss. However, health problems associated with age should not be over emphasized. This would only reinforce younger people's fears and negative attitudes about aging. Brief explanations of hearing and vision changes are appropriate. Practical communication suggestions include facing the person when listening or speaking, not speaking too fast or too slowly, clearly enunciating words, speaking in complete sentences with the use of appropriate hand gestures and, if necessary, repeating information through the use of different words. Emphasize that these are good communication skills to use with people of all ages.

Choose the setting carefully.

When choosing a location for intergenerational activities, consider such aspects as location, size of room, restrooms, accessibility for disabled persons, distracting noises or activity, ventilation, chairs and general aesthetics. An uncomfortable setting can ruin the best programs.

Allow sufficient time for opening and closing intergenerational activities.

Intimate, meaningful interaction is possible only after participants have overcome initial skepticism and insecurity about the group. Intergenerational organizers can provide the structure for opening activities that introduce persons and set a positive tone. Younger people along the age continuum react differently to older people whom they may not know.

Effective group development also includes attention to separation or termination. Time

should be allowed for participants to consolidate learning and to emphasize positive aspects of intergenerational experiences. Participants should be encouraged to express what they liked or did not like and in some cases, they may have questions that need to be addressed.

Source: Intercom
October 2003

Meeting the Mental Health Needs of Seniors

by Simone Powell

According to the World Health Organization, five of the ten leading causes of disability are related to mental disorders. It is expected that in less than 20 years, depression will be the second leading cause of disability in the world. In Canada (1998), mental disorders were the third highest source of direct health care costs, at $4.4 billion. Furthermore, it is estimated that one in every six Canadians will have a mental health problem at some point in their lives.

Seniors more at risk?

While most mental conditions are no more prevalent in older adults than in other age groups, certain disorders, such as dementia and delirium, are more common among seniors. The most common is by far dementia, which affects approximately 8%, or 250,000 current adults aged 65 and over, and 34.5 % of those 85 and over. With the aging of the population, the number of Canadians with dementia could rise to 592,000 by 2021 and to 750,000 by 2031.

Unlike dementia, which can be considered a disorder associated with later life, depression is not more prevalent in seniors than in other age groups. In fact, it tends to be less. Major depression, the most common mood disorder among all Canadians, affects approximately 2 to 4% of seniors living in the community compared to 8% for the general population. However, when seniors experiencing milder depression symptoms are counted, the rate is significantly higher somewhere between 10 and 15%. Unfortunately, for various reasons including ageism and lack of appropriate training, depression often goes unrecognized and therefore untreated in older adults, particularly the very old. The consequences of this are serious and can include declines in physical health, excessive use of health care services, increased length of stay during hospitalization, poor compliance with treatment and increased risk of death. Furthermore, depressed older adults are three to four times more likely to have alcohol-related problems than are older people who are not depressed.

Of particular concern is the high rate of suicide among men aged 80 and over, which is one of the highest of all age groups. A recent Quebec study indicated that older adults who commit suicide tend to have a psychiatric problem, including minor depression, and many actually have had contact with a primary care physician in the months prior to their suicide. In addition, many of those who committed suicide had expressed the idea of death or showed indirect suicidal behaviours. Given their findings, the authors of the study concluded that there is an important role for primary care physicians as well as family and friends in the detection of mental health problems and that these people all need to be included in any strategy created to prevent suicide among the seniors.

Coping with the challenges of later life

Coping with change is certainly not unique to later life—it is something we all face throughout life, usually successfully. While aging does not necessarily lead to mental health problems, it is fair to say that there are some changes or transitions that are common in later life which can affect mental health and emotional well-being. For example:

- **Retirement** –While we tend to think of retirement as a positive experience, and it is for many people, it can also be a negative one, especially if it was forced. Even when it is chosen, retirement can bring certain unanticipated stresses due to loss of income, status, routine and social contact. It can also put a strain on relationships as roles or personal dynamics change between spouses and with other family members.

- **Physical changes** – Some of the physical changes associated with aging, such as reduced vision and hearing, or conditions affecting mobility or cognition (e.g., heart disease, stroke or arthritis) can have a substantial impact on the emotional well- being of seniors having to cope with loss of independence and ability. In addition, these conditions may create barriers for socializing, leading to isolation and/or loneliness.
- **Loss of relationships** or changes in social support networks – Death is a natural part of life and the loss of loved ones means loss of relationships. In addition, declining health in loved ones may result in increased caregiving demands, the burden of which often creates emotional strain (including depression) and reduced contact with others.

Certainly, individuals cope differently with such later life transitions, and some seniors will have a more difficult time than others. Key factors influencing how well older adults may cope include personality; socio-economic factors such as income, housing and supportive relationships; cognitive functioning; physical health; and access to services such as home care and transportation. Gender also plays a role: women tend to live longer and outlive their spouses, which means they are more likely to live alone and are possibly more at risk for loneliness and isolation. In addition, women's longer life span means that more women than men will eventually develop chronic health problems that can limit their social interaction. Men, on the other hand, can have more difficulty coping with the loss of a spouse as a lifetime of being cared for makes them less prepared than women for this loss. They are also less likely to turn to others in times of grief to help them through emotionally difficult times. As already mentioned, men over the age of 80 have among the highest rates of suicide. They also have significantly higher rates of alcohol abuse than older women.

How can we best help seniors cope with the challenges of age?

Health Canada's Population Health Fund (PHF), under the "later life" component, financed four projects seeking to answer this question. The B.C. Psychogeriatric Association's "Psychosocial Approaches to the Mental Health Challenges of Later Life" project hopes to raise awareness about the importance and effectiveness of certain *psychosocial or non-medical approaches* in preventing and alleviating mental health problems in later life, in particular, those that occur as a result of life transitions. To this end, the Association has been interviewing seniors to find out how they cope with critical transitions and what elements of programs and services they believe are most helpful to them. Community-based service providers have also been interviewed in order to identify successful psychosocial approaches and models for promoting seniors' mental health and preventing/addressing mental health problems. The findings will contribute to the development of a variety of community resources (available by March 2004), including critical transition pamphlets and a psychosocial resource manual, as well as a mental health impact model to help assess the effect of policies and programs on seniors' mental health. In addition, the project has helped form an interdisciplinary national network of individuals who are interested in psychosocial approaches to seniors' mental health—the Seniors Psychosocial Interest Group.

Seniors Well Aware Program has also been working to build community capacity and identify best practices to help seniors, specifically those who are at risk for developing, or who have already developed, a problem with alcohol use. Their PHF project, "Seeking Solutions: Canadian Community Action for Seniors and Alcohol Use", completed at the end of August 2003, has involved seniors' groups, addiction services and health and community agencies across Canada to raise knowledge levels, improve skills bases, foster positive attitudes and enhance resource and net-working capacities of people who are in contact with seniors so that they have a better understanding of alcohol related matters affecting seniors. One of the concrete results of this

project is a series of "Best Practices and Successful Strategies" worksheets which provide practical ideas for reaching and helping seniors with alcohol use challenges. The project has also involved the ongoing sharing of information through focus groups, "joint action meetings" and email-Internet discussions through the Older People and Alcohol List Serve (OPAAL).

Different settings, different needs

Many seniors live independently, coping well with changes in life. According to results from the Canadian Community Health Survey, 66% of people aged 65 and over rated their mental health as very good or excellent whereas only 6.5% rated it fair or poor. What often keeps them well is the support they receive from both formal and informal caregivers. This applies whether seniors live on their own, with their families or friends, or within long-term care facilities.

In recognition of the important role that home care can and does play in meeting the mental health needs of seniors in the *community*, the PHF funded Canadian Mental Health Association (CMHA) project examined this role and tried to determine ways of implementing a holistic model of care incorporating both medical and psychosocial supports of care. The CMHA found that home care continues to be well-positioned to contribute to seniors' mental health, however, to fulfill this role requires a number of policy changes in order to improve access to and the provision of home care services. For example, policies are required which would support home care organizations in their role of helping seniors and caregivers navigate the health and social service system. In addition, CMHA also identified key practice skills for home care staff which are required to support seniors' mental health. These skills are related to communication, advocacy and the involvement of seniors in decision making. The CMHA completed this project in 2002 and its findings and recommendations have been published in the form of two guides, *Supporting Seniors, Mental Health through Home Care: A Policy Guide and Supporting Seniors' Mental Health: A Guide for Home Care Staff.*

Adopting a broad approach to meet the mental health needs of seniors is no less important for people living in *long-term care facilities*. In fact, the mental health needs of this population group are significant. Studies suggest that between 15 and 25% of nursing home residents have symptoms of major depression and another 25% have depression symptoms of a lesser severity. In Canada, the population of long-term care residents has grown from 203,000 in 1986 to 240,000 in 1996, and it is expected to triple over the next 25–30 years. Together, these facts suggest that we are heading toward a potential crisis in mental health care for seniors living in long-term care institutions, which is why the Canadian Coalition for Seniors' Mental Health, with support from Health Canada's PHF, has undertaken an initiative to address the current gaps in mental health services for seniors in long-term care settings.

The problem, according to the Coalition, is that we are not prepared to meet this demand given that already, "the need for an appropriate range of mental health services for seniors in long-term care settings substantially outweighs the system's current capacity to provide these much-needed services". Currently, only a limited amount of formal mental health services are provided to residents and line staff receive very little training with respect to mental health.

The Coalition considers that action is needed in several key areas to meet the needs of seniors living in long-term care:

- increasing public awareness so that seniors and those who care for them are able to recognize the early signs of mental health problems and provide access to effective interventions. Improved public awareness is also needed to help remove the stigma and shame associated with mental health problems.
- enhancing the education of health professionals and front line workers so they have a better understanding of the aging process, seniors' needs and mental health problems.
- addressing the shortage of human resources in the field of long-term care.

- increasing support for research on seniors' mental health.
- improving supports to caregivers of seniors.

As a first step, the Coalition has been creating awareness about the need for improved mental health services within long-term care settings, enhanced training for front line workers and improved support for caregivers. By March 2004, it will have completed two inventories of educational resources, one for front line workers and one for caregivers.

The Goal: mental health for all in later life.

While disorders such as dementia and depression can and do occur in later life, the vast majority of seniors can look forward to mental health—which is a positive state of emotional well-being. When we seek to address the mental health needs of seniors, we therefore need to be concerned not only with the identification and treatment of problems but also with the promotion and maintenance of good mental and emotional well-being for all seniors living in both community and long-term care settings. This means recognizing the particular needs of the senior population, adopting a holistic approach that takes into consideration the broad range of factors that contribute to mental health, and incorporating both medical and non-medical approaches to supporting the needs of seniors.

Project contact information:

Psychosocial Approaches to the Mental Health Challenges of Later Life. Contact: P. MacCourt at pmaccourt@shaw.ca or visit the project website at www.seniorsmentalhealth.ca.

Seeking Solutions: Canadian Community Action for Seniors and Alcohol Use. Contact: C.

Spenser at cspenser@shaw.ca or visit the project website at www.agingincanada.ca.

Canadian Coalition for Seniors Mental Health. Contact: S. Haber at s.haber@sympatico.ca or visit the project web site at www.ccsmh.ca.

Supporting Seniors' Mental Health Through Home Care. Contact the Canadian Mental Health Association by phone at (416) 484-7750 or by email at national@cmha.ca or visit their website at <www.cmha.ca>.

Source: Excellence in Seniors Care *February/April 2004*

Risky Business

High blood pressure

High blood pressure is called the silent killer—and for good reason.

While high blood pressure by itself doesn't make you feel sick, it is the most common risk

factor for heart disease. And heart disease is the leading cause of death in the U.S.

The really bad news is that more people than ever have high blood pressure.

High blood pressure, or hypertension, forces the heart to work too hard, and it damages blood vessels. This increases the risk of heart attack, stroke, heart failure, and kidney failure.

What's Healthy, What's Not

- Normal: Below 120/80
- A problem: 120/80 to 139/89

If you're in this range, you have pre-hypertension and are likely to develop high blood pressure.

Often, lifestyle changes such as exercising more, losing excess weight, eating less salt, limiting alcohol, and not smoking can bring your numbers back into a healthy range.

- High: 140/90 or higher

In addition to the lifestyle change c above, you may need medication.

The percentage of people with high blood pressure has been steadily increasing in recent years.

Source: *National Heart, Lung and Blood Institute;* Journal of the American Medica Association, *Vol. 290, Pg. 199*

Percentage of people with high blood pressure

	1988–1991	1999–2000
Male	25%	27%
Female	25%	30%
White	26%	29%
Black	29%	30%
Mexican–American	17%	21%

Source: National Health and Nutrition Examination Survey

Heart Disease—So Preventable

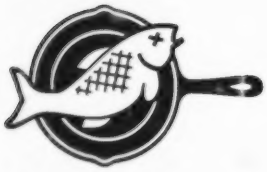
The vast majority of people with severe heart disease could have prevented it—or least delayed it by many years, say researchers.

New research shows that 90% of heart disease results from four classic risk factors: smoking, diabetes, unhealthy cholesterol levels, and high blood pressure.

This is an eye-opener for many, since doctors and researchers alike had previously believed that about 50% of heart attacks were simply the result of bad genes or bad luck.

Source: Journal of the American Medical Association, *Vol. 290, pg. 891*

Fish for your heart



Among one group or older people with heart disease, those with the higher blood levels of omega-3 fats had far fewer fatal heart attacks and sudden cardiac deaths than those with the lowest levels of these fats.

Researchers think that omega-3 fats may prevent fatal irregular heartbeats by favorably affecting the heart's electrical system.

Omega-3s are abundant in fatty fish (e.g., mackerel, salmon) and fish-oil supplements. The American Heart Association recommends we eat this type of fish at least twice a week.

Similar omega-3 fats are found in walnuts and flaxseed.

Source: American Journal of Clinical Nutrition, *Vol. 77, Pg. 319*

Vegetables

To get the most nutrition out of your vegetables, buy them as fresh as you can and eat them sooner rather than later, say researchers.

When five groups of health- promoting phytochemicals in broccoli were measured at harvest and then daily for 10 days at temperatures simulating cold storage and those found in a grocery

store, all the chemical groups, except vitamin C, dropped by 50% to 80%.

Bottom line: The longer the time between harvest and when you eat your vegetables, the fewer beneficial plant compounds you're going to get.

This makes it even more important to eat every one of those five to nine recommended daily servings of fruits and vegetables.

Source: Journal of Agricultural and Food Chemistry, *Vol. 51, Pg. 3029*

No bad foods

There are no good or bad foods, only good or bad diets.

Too much of any good thing can be bad for us, and small amounts of sinful foods can fit into an otherwise healthy diet.

Source: NutritionNewsFocus.com

What You Need to Know About Vitamin D

- Vitamin D is essential for strong bones. It may also help prevent some cancers and even heart disease.
- It's difficult for most people to get enough vitamin D from foods (e.g., fortified milk, fatty fish), so the best sources are sun exposure and supplements.
- The recommended amount of vitamin D for older adults ranges from 400 to 600 IU a day. But vitamin D experts say more may be better—as much as 800 to 1,000 IU a day.
- While it's important not to overexpose your skin to the sun, a little is good health insurance, say experts.

For the average light-skinned person, 10 to 15 minutes of sun exposure (without sun screen) at least three or four days a week should be enough. After this, apply some sun screen. If you have dark skin you'll need more exposure.

- A sun screen with an SPF of 8 blocks 95% of the skin's ability to make vitamin D, and an SPF of 15 blocks it by 99%.
- During North American winters it's impossible to get enough vitamin D from the sun. That's when many people may need to take supplements or a quality cod liver oil.

Who Needs More D?

People likely to be deficient in vitamin D: the elderly; dark-skinned people; obese people; people who never expose their skin to the sun; infants who breast-feed for more than about six months; North Americans and Europeans; just about everyone who can't spend time in the sun most months of the year.

Sources: National Osteoporosis Foundation; Reinhold Vieth and Dr. Michael Holick, vitamin D researchers

Exercise and Weight Loss

Eating less *and* exercising are the keys to losing weight.

But, according to one study, over 30% of adults who were trying to lose weight said they did not exercise.

And 50% of those in the study who were overweight or obese were not even trying to lose weight.

Source: Morbidity and Mortality Weekly Report, *Vol. 49, Pg. 326*

Exercise and Diabetes

Many men with type 2 diabetes could save their lives with a brisk, daily walk.

Men in one study who did the equivalent of four hours a week of brisk walking reduced their risk of death by about 43%.

Having diabetes that's not well-controlled is a risk factor for heart disease (i.e., heart attacks and stroke).

Other research has also confirmed the benefits of exercise for both men and women with diabetes. It gives them better blood sugar control, lowers their triglycerides, and helps them maintain a healthy weight.

Source: Circulation *e-published April 28, 2003*

Research news ... you can use!

Fiber and colon cancer

Researchers have concluded from probably the largest study done yet that the more fiber you eat, the lower your risk of getting colorectal cancer.

Where you'll find the most fiber: fruits, vegetables, legumes, and whole grains. Aim for 25 to 35 grams of fiber every day, say the experts.

To get that much, you need five to nine servings of fruits and vegetables every day, plus whole grains equal to about five slices of whole-wheat bread.

Source: European study of more than 500,000 people (2003)

Traveler's diarrhea

Montezuma's revenge—or traveler's diarrhea—may be milder and shorter in duration if you are eating a high-calcium diet.

After being infected with the E. coli bacteria that causes this illness, volunteers in a high-calcium diet group recovered fully after two days. Those in the low-calcium group felt no better until the third day.

Researchers say that taking calcium in supplement form may work just as well as calcium from food.

Calcium won't offer protection from all bacteria that cause food poisoning, however.

Source: Gastroenterology, *Vol. 125, pg. 469*

Vitamin E

A few years back, vitamin E was the darling of heart disease prevention.

But in recent years, it seems to have fallen off its pedestal. Research just wasn't supporting earlier claims.

So why the turnabout?

It may be the form of vitamin E that's key. Vitamin E is actually a collection of eight compounds—of which alpha-tocopherol, the form in most supplements, is just one. There's also gamma-tocopherol, the main form in vitamin E-rich foods. Vitamin E has six other tocopherol as well. New research seems to show that we need all of these compounds, not just the alpha-tocopherol found in most supplements.

So if you take vitamin E, take a supplement that contains "mixed tocopherol" (in their natural forms).

But don't forget about vitamin E-rich foods like wheat germ, almonds, peanuts, pistachios, walnuts, sunflower seeds, and vegetable oils. These contain all eight members of the vitamin E family (though in much lower amounts than you'd find in a supplement).

Source: American Journal of Clinical Nutrition, *Vol. 77, pg. 700*

Metabolic syndrome

Any three of the following five conditions—known collectivelyas metabolic syndrome—can greatly increase your risk of serious health problems.

They are abdominal obesity; high levels of triglycerides, a fatlike substance in the blood; low levels of good cholesterol (HDL); high blood sugar levels; and high blood pressure.

If you have metabolic syndrome, you are twice as likely to have a heart attack or stroke and three times as likely to develop diabetes.

These odds worsen considerably if you have four or five of the symptoms listed above (instead of three).

Source: Circulation, *Vol. 108, Pg. 414*

Weight and dementia

Women who are overweight when they're 70 years old are more likely to develop Alzheimer's disease down the road, say researchers.

In this particular study, overweight men did not go on to get Alzheimer's—possibly because most didn't live as long as the women.

Source: Archives of Internal Medicine, *Vol. 163, Pg. 1524*

Exercise and breast cancer

Women who have exercised consistently since their younger years (about 1Y2 to 2Y2 hours of brisk exercise a week) can cut their risk of postmenopausal breast cancer by about one-fifth, say researchers.

The less a woman weighs, the more benefit she seems to get from her exercise in terms of breast cancer risk reduction.

And the more hours she exercises, and the more vigorous the activity, the greater her risk reduction. But long-term (over many years), consistent exercise is more important than intensity, say researchers.

That said, exercise does not seem to lower breast cancer risk for obese women—unless they also lose weight by reducing calorie intake.

Researchers believe that fat may increase the risk of breast cancer because it produces estrogen and insulin, both of which encourage breast cancer growth.

Source: Journal of the American Medical Association, *Vol. 290, Pg. 1331*

Low-dose estrogen and bones

Using estrogen in ultra-low doses (0.25 mg estradiol) still helps to preserve bone - and may not have all the safety concerns (i.e., breast cancer, heart disease) of the higher doses used in previous studies, say researchers.

Women in this latest study who had not had a hysterectomy were also given 100 mg of oral progesterone daily for two weeks every six months (to help prevent uterine cancer).

Source: Journal of the American Medical Association, *Vol. 290, Pg. 1042*

Prostate cancer and diet

Prostate cancer is 10 times more common in the U.S. than Japan. Some research suggests that differences in diet may be one reason.

Researchers suspect the Western diet is a culprit because when Japanese men move to the U.S. and start eating high-fat American foods and less soy, their cancer risk also increases.

Source: Research presented at the 2003 American Urological Association meeting

After a stroke

People who've had a stroke can continue to improve their endurance, balance, and mobility if they participate in a structured exercise program (of at least 12 weeks) after completing their in-hospital rehab.

Source: Stroke, *Vol. 34, Pg. 2173*

Water bottles

There's a rumor that re-using commercial bottled water bottles is bad for your health because chemicals in the plastic leach into the water with continued re-use.

Experts say this shouldn't be a concern.

But re-using these bottles could present a different health problem: Over time, bacteria can gather and grow inside the bottle. And even though you put them in your dishwasher, their narrow necks don't allow for thorough sanitizing. (Which is not to say you can't get them clean, but it's harder.)

One way around this is to buy a re-useable water bottle, sold in bike shops and sporting goods stores. They're more durable than bottled water bottles—and made with a different type of plastic. And they generally have wider mouths, which means they're easier to sanitize.

Source: Environmental Nutrition, *Vol. 26, No.8*

Secondhand smoke

If you are consistently exposed to secondhand tobacco smoke, you may want to take some extra vitamin C to help protect your health.

It's long been known that breathing someone else's smoke causes oxidative damage in the body, which can eventually lead to heart disease or cancer.

But taking a 500 mg vitamin C supplement every day seems to protect non-smokers from this oxidative damage. This particular study didn't

go on long enough to know whether this would translate into protection from heart disease or cancer.

Oxidation is like the damage rust does to metal.

Source: Nutrition and Cancer, *Vol. 45, pg. 176*

Alcohol

Alcohol may help prevent heart attacks. But alcohol is a double-edged sword. On the one hand, it can be good for you in moderation, but too much can be deadly. How much alcohol is safe?

For those men under the age of 65, the safe maximum is two drinks a day. For women, one drink is the safe limit.

But for people over age 65, those limits should probably be cut in half, say experts.

That's because your body doesn't process alcohol as well, so you end up with a higher blood alcohol content than a younger person would.

Alcohol can also interfere with many medications, and it can compound the chances of falling and breaking bones.

Source: Hope Heart Institute, Seattle

Doc Talk

Stephen R. Yarnall, MD, FACC

Q. *I take cholesterol medication, but I've heard it can have nasty side effects. What else can I take—or do—to lower my cholesterol?*

A. I assume the side effect you're talking about is myositis—a rare but potentially serious condition in which the muscles become inflamed and painful. Switching to another drug and using the lowest dose possible is one strategy for dealing with myositis if it crops up.

Niacin, a B vitamin, is another cholesterol-lowering option, but you need to take it under a doctor's direction because it, too, can have side effects.

For someone who is motivated to make lifestyle changes, I recommend diet and exercise to lower cholesterol. They're effective for many people - and free of unwanted side effects.

Losing excess weight through exercise and proper diet helps many health problems—including unhealthy levels of HDL and LDL cholesterol and triglycerides (another blood fat).

Exercise should include something that makes you breathe harder, such as walking. But don't neglect muscle-strengthening activities, because the more muscle you have, the more fat you burn.

As for diet, you need to switch the emphasis from just low-fat, to a balanced diet. This means limiting sugar and other "white" foods that quickly turn into sugar in the body—such as white flour, potatoes, white rice, corn, and fruit juice.

And it means carefully choosing which fats you eat. Restrict saturated fats (found in animal foods) and products made with hydrogenated oils. These will raise "bad" LDL cholesterol.

Instead, cook with olive or canola oil and eat fish and nuts several times a week for their heart-healthy fats. Also make sure you get enough protein: fish, lean meat, and eggs.

In short, food and exercise are drugs, and we affect not only our blood cholesterol, but our entire well-being by what we eat and how we move.

Source: Looking Forward, *Vol. 17, No. 3, Early Summer 2004*

Stress Less

Stress is a fact of life. You can't avoid it. But you don't have to let it get the better of you.

What you can do.

- Acknowledge your feelings. Burying your head in the sand usually doesn't help in the long run.
- Stay informed. Knowing the facts of the situation may be better than the scarier scenarios you fabricate in your mind.
- But don't be too informed. Sometimes the media barrage during times of crisis is just too much. Skip the TV news and/or the newspaper at least a couple of days a week.
- Talk to others about what's happening—whether it's war or the illness of a loved one. Mental health experts say that people who did not discuss their feelings after the 9/11 tragedy had more emotional and physical problems than those who did.
- Keep to a routine. People need structure in their lives to function normally.
- Schedule enough time for sleep and exercise. Both help your body deal with stress.
- Set priorities. If too many things are happening at once, prioritize. Take one thing at a time, deal only with what you have to deal with, and let everything else fall into place.
- Practice a relaxation technique. Yoga, deep breathing, and meditation are all great tools to relax both mind and body.
- Volunteer. Helping others—in whatever way you can—is healing. It gives you a sense of control and makes you feel useful and productive.

Source: Hope Heart Institute, Seattle

Looking for Work After Retirement?

More Canadians are choosing to work after they retire. For some, it's a financial necessity; for others, a part-time job can be a chance to learn new skills without stress. As a retiree who wanted to work but found it difficult to find employment, Lynn Welstead understands. She used her daughter and son-in-law's technical skills and business knowledge to create www.retiredworker.ca. The site matches retired employees with employers. The service is free for the first three months.

Demystifying Pension Plans

Plain language and unbiased information help make "Focus on...Pension Decisions," on the Investor Education fund's website <www.investorED.ca>, a valuable resource for pension plan members. The site is designed to educate plan members about employer-sponsored pensions. It also serves as a resource for many small companies who are limited in the educational resources they can offer members.

Topics covered are wide ranging and include explanations of basic concepts, such as what separates a defined benefit plan from a defined contribution plan, as well as more complicated subject matters, such as what happens to your pension savings if you leave your job before you retire. The focus, however is the rapidly growing defined contribution plans in which employees usualy have responsibility for making investment choices. According to the Investor Education Fund, membership in these types of plans has doubled in the past decade.

International Conferences

June 2004

20th World Congress: Rethinking Rehabilitation
June 21–24, 2004
Oslo, Norway
Tel: + 47 22 05 00 44
E-mail: grete@ri-norway.no
www.ri-norway.no/subsite/Congress/text/view/862.html

The 5th World Stroke Congress
June 23–26, 2004
Vancouver, British Columbia, Canada
E-mail: stroke2004@kenes.com
www.kenes.com/stroke2004/index.html

July 2004

9th International Conference on Alzheimer's Disease and Related Disorders
July 17–22, 2004

Philadelphia, Pennsylvania, USA
E-mail: internationalconference@alz.org
www.alz.org/internationalconference/home.html

August 2004

6th World Congress on Aging and Physical Activity
August 3–7, 2004
London, Ontario, Canada
www.uwo.ca/actage/wcapa

September 2004

International Federation on Ageing,
7th Global Conference
September 5–8, 2004
Singapore
Tel: +65 6336 2328
Fax: +65 6336 2583
E-mail: ifa04@ctmapl.com.sg
www.7ifaconference.com/

October 2004

International Conference on Active Ageing
Toward a New Perspective:
From Ageing to Ageing Well
October 3–5, 2004
Montreal, Quebec, Canada
Tel: 514-287-1070
Fax: 514-287-1248
E-mail: aw2004bv@jpdl.com
www.geronto.org/

The 20th International Conference of Alzheimer's Disease: Dementia Care in an Ageing Society
October 15–17, 2004
Kyoto, Japan
E-mail: office@alzheimer.or.jp
www.joho-kyoto.or.jp/KICH/

June 2005

International Association of Gerontology
18th World Congress of Gerontology
June 26–30, 2005
Rio de Janeiro, Brazil
E-mail: iag2005@unicamp.br
www.emociones.org.py/funacion/congressgerontology.html

May 2006

International Federation on Ageing,
8th Global Conference
May 30–June 2, 2006
Copenhagen, Denmark
Tel: +45 3946 0500
Fax: +45 3946 0515
E-mail: global-ageing@ics.dk
www.global-ageing.dk